

**NOTIFICATION OF HCBS OR WORKING HEALTHY SERVICES
REFERRAL/INITIAL ELIGIBILITY/ASSESSMENT/SERVICES INFORMATION**

ES-3160
Rev. 07-07

TO: _____ FROM: _____

I. CONSUMER INFORMATION:

Name: _____ Medicaid ID No: _____
Address: _____
Phone: _____ SSN: _____ Date of Birth: _____
Responsible Person/Contact: _____ Home Phone: _____
Address: _____ Work Phone: _____

II. ELIGIBILITY INFORMATION: (to be completed by EES Specialist or Social Worker)

☐ Working Healthy Referral ☐ WORK Referral ☐ Eligibility Information ☐ HCBS Referral

EES Specialist: _____ Phone: _____

Address: _____ Fax: _____

Medicaid Application: Date: _____ Case #: _____

Status: ☐ Pending ☐ Denial/Ineligible

☐ Non-HCBS Approval (check one) ☐ Medical Card ☐ Spenddown Amount ☐ QMB/LMB Only

☐ Working Healthy Approval, effective date _____ Premium(s): _____

☐ WORK approval, effective date _____

☐ HCBS Approved, effective date _____ HCBS Obligation: _____ Month: _____

Next Review Date: _____ HCBS Obligation: _____ Month: _____

Comments: _____

III. HCBS INFORMATION: (to be completed by Case Manager/IL Counselor)

☐ Medicaid Referral ☐ Service Information

Case Manager/ILC: _____ Phone: _____

Address: _____ Fax: _____

HCBS Waiver Type: _____ Placed on Waiting List: ☐ Yes, Date: _____ ☐ No

Waiver/LOC Threshold Met? ☐ Yes ☐ No Request Withdrawn ☐ Yes ☐ No

Chooses HCBS: ☐ Yes, Date: _____ ☐ No Monthly Cost (excluding average acute care costs): _____

Effective Date of HCBS Services (Approved By Program Manager or Other Authority): _____

WORK Service: ☐ Approved ☐ Denied Start Date: _____

Comments: _____

4. WORKING HEALTHY INFORMATION (to be completed by Benefits Specialist)

Benefits Specialist: _____ Phone: _____

Chooses Working Healthy: ☐ No ☐ Yes, date _____

Premium Discussed ☐ No ☐ Yes, Willing To Pay Prior Medical Premium ☐ No ☐ Yes Current Premium ☐ No ☐ Yes

Comments: _____

☐ YES ☐ NO

ELIGIBILITY WORKER SIGNATURE

DATE

ATTACHMENTS

HCBS AUTHORIZED AGENT SIGNATURE

DATE

USE OF THE ES-3160 FORM BY THE TARGETED CASE MANAGER

When there is an open Medicaid case or a Medicaid application is pending and the point of entry for HCBS/FE is SRS, these steps will be followed:

1. On the ES-3160, the Human Services Specialist (HSS) worker will complete Section I and part of Section II, which will include any initial Medicaid eligibility information. The HSS worker will send the ES-3160 to the Case Management Entity.
2. The assigned Targeted Case Manager (TCM) will complete the UAI and appropriate forms. The TCM will use that information to complete Section III of the ES-3160 before it is returned to the HSS worker. (**Reminder:** According to FSM 3.5.4.D.3.i., the TCM cannot open an HCBS/FE case if the client obligation exceeds the cost of the POC.)
3. The TCM must send the HCBS/FE applicant a Notice of Action (NOA) stating the results of his or her functional eligibility determination.
4. When financial eligibility for HCBS/FE is determined, the HSS worker will send the TCM an ES-3160 with Section II completed, which will include the eligibility status and date, the monthly obligation (if applicable), and other pertinent information.

The HSS worker must be notified immediately if the customer withdraws his or her request for HCBS/FE at any time throughout this process.

When there is not an open Medicaid case or a Medicaid application pending and the point of entry for HCBS/FE is the Case Management Entity, these steps will be followed:

1. The Case Management Entity receives a referral from an individual that is interested in receiving HCBS/FE. The assigned Targeted Case Manager (TCM) will complete a UAI and the appropriate forms.
2. Depending on the category the individual fits in, an ES-3160 may or may not need to be sent to SRS:
 - a. If the individual is functionally eligible and has chosen HCBS/FE, the TCM will complete Section I and III of the ES-3160. The TCM must also send a NOA to the individual stating that he or she is functionally eligible for HCBS/FE. (**Reminder:** According to FSM 3.5.4.D.3.i., the TCM cannot open an HCBS/FE case if the client obligation exceeds the cost of the POC.)
 - b. If the individual is not functionally eligible or has not chosen HCBS/FE, the TCM must send a NOA to the individual. No further action is necessary, unless the individual requests regular Medicaid.
 - c. If the individual would like to apply for Medicaid, the TCM will attach a ES-3100.4 to the ES-3160 to be sent to SRS.
3. When financial eligibility for HCBS/FE is determined, the HSS worker will send the TCM an ES-3160 with Section II completed, which will include the eligibility status and date, the monthly obligation (if applicable), and other pertinent information.

The HSS worker must be notified immediately if the customer withdraws his or her request for HCBS/FE at any time throughout this process.